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Fill in this	s information to identify yo	our case.							
Debtor 1	, ,	och Eby, III							
Debtor 2 (Spouse, if f		----			_				
	0,	r the: EASTERN DISTRICT	OF PENNSYLVANIA						
Case number (If known) 23-10542-PMM			-	Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter					
O.C	15 4001						s of the follo		'
-	<u>al Form 106l</u>			MM / DD/ YYYY					
	dule I: Your I								12/15
supplying spouse. I	g correct information. If f you are separated and	possible. If two married peo you are married and not fili your spouse is not filing w rm. On the top of any additi	ng jointly, and your s ith you, do not includ	pouse i le inforr	s living wit mation abo	h you, inclu ut your spo	ide informat use. If more	ion about space is r	your needed,
	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse					
,	ou have more than one jol	o, Employment status	■ Employed			☐ Employed			
info	ch a separate page with rmation about additional	Employment status	☐ Not employed			☐ Not employed			
·	oloyers.	Occupation	self-employed						
	ude part-time, seasonal, c -employed work.	Employer's name							
	upation may include stud omemaker, if it applies.	ent Employer's address							
		How long employed t	here?						
Part 2:	Give Details About	Monthly Income							
	monthly income as of the second as a second are separated.	he date you file this form. If	you have nothing to re	port for	any line, wr	ite \$0 in the	space. Includ	de your non	-filing
	our non-filing spouse hav ce, attach a separate she	re more than one employer, co	ombine the information	n for all e	employers fo	or that perso	n on the lines	s below. If y	ou need
					For D	ebtor 1	For Debto		
	List monthly gross wages, salary, and commissions (bef deductions). If not paid monthly, calculate what the monthly			2.	\$	0.00	\$	N/A	
3. Esti	3. Estimate and list monthly overtime pay.			3.	+\$	0.00	+\$	N/A	
4. Calc	culate gross Income. A	dd line 2 + line 3.		4.	\$	0.00	\$	N/A	

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Debt	tor 1	Robert Koch Eby, III		Case	number (if known)	23-105	542-P	MM	
			-						
				For	Debtor 1	For D	ebtor :	2 or	
				TOT DEDICT T				pouse	
	Cop	by line 4 here	4.	\$	0.00	\$		N/A	_
									_
5.		t all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	_
	5e.	Insurance	5e.	\$	0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	_
	5g.	Union dues	5g.	\$	0.00	\$		N/A	_
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$		N/A	_
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		N/A	·
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$		N/A	·
8.		t all other income regularly received:							
	8a.	Net income from rental property and from operating a business,							
		profession, or farm Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	4,620.84	\$		N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent							_
		regularly receive Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c.	\$	0.00	\$		N/A	
	8d.		8d.	\$	0.00	\$		N/A	_
	8e.	Social Security	8e.	\$_	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive							_
		Include cash assistance and the value (if known) of any non-cash assistance	:						
		that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies.	8f.	æ	0.00	ď		N1/A	
	0.0	Specify: Pension or retirement income	_	\$ \$	0.00	\$		N/A N/A	_
	8g. 8h.	Other many with his land on the Control of the Cont	8g. 8h.+		0.00			N/A	_
	OII.	Other monthly income. Specify:	_ 011.7	Ψ_	0.00	ŤΨ		IN/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,620.84	\$		N/	Δ
					1,020.01	Ľ			
10	Cal	aulata manthiu inaama. Add lina 7 L lina 0	10 6		4 600 04 1 6		NI/A		4 000 04
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		4,620.84 + \$_		N/A	= \$ _	4,620.84
11.		te all other regular contributions to the expenses that you list in Schedule							
oth		ude contributions from an unmarried partner, members of your household, your er friends or relatives.							
		not include any amounts already included in lines 2-10 or amounts that are not	hedule	J.					
		ecify:		•	, ,		11.		0.00
			Γ						
		d the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. ite that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it							
	app	·	12.	\$	4,620.84				
	чрр						Ĺ		
								Combi	ned ly income
13.	Dο	you expect an increase or decrease within the year after you file this form	?					monul	y income
		No.	-						
	_	Ves Evnlain:							